MAXIMUS Federal Services

| Case Number: | CM15-0081070 | | |
|---|---|---|---|
| Date Assigned: | 05/01/2015 | Date of Injury: | 03/16/2012 |
| Decision Date: | 06/05/2015 | UR Denial Date: | 04/14/2015 |
| Priority: | Standard | Application Received: | 04/27/2015 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Family Practice

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 72 year old female sustained an industrial injury on 3/16/12. She subsequently reported multiple areas of orthopedic pain. Diagnoses include cervical spine strain, left knee contusion and right lateral epicondylitis. Treatments to date include x-ray and MRI testing, surgery, therapy and prescription medications. The injured worker continues to experience neck, back, right upper extremity and bilateral knee pain. Upon examination, there is was tenderness on palpation of the neck, lower back, knees and right arm. Range of motion was decreased. A request for MRI of the lumbar spine, MRI Arthrogram right shoulder and MRI Arthrogram left knee was made by the treating physician. Last lumbar magnetic resonance imaging is dated April 3, 2013.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI Lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**Decision rationale:** According to ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. According to ODG, repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the injured worker underwent lumbar imaging on April 3, 2013 and the request for repeat MRI is not supported. The medical records do not establish evidence of red flags or radiculopathy stemming from the lumbar spine to support the request for updated imaging. Examination findings of tenderness and decreased range of motion do not support the request for lumbar MRI. The request for MRI Lumbar spine is not medically necessary and appropriate.

**MRI Arthrogram right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter.

**Decision rationale:** According to the ACOEM guideline's shoulder chapter, imaging may be considered for patients whose limitation is due to consistent symptoms that persist for one month or more, in cases when surgery is being considered for a specific anatomic defect or to further evaluate the possibility of potentially serious pathology such as a tumor. According to ODG, MR arthrogram is recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. In this case, the medical records do not establish positive examination findings to support the request for advanced imaging studies. The request for MRI Arthrogram right shoulder is not medically necessary and appropriate.

**MRI Arthrogram left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter.

**Decision rationale:** According to the ACOEM guidelines, special studies are not needed to evaluate most knee complaints in patients who are able to walk without a limp, or who sustained a twisting injury without effusion, until after a period of conservative care and observation. According to ODG, MR arthrography is recommended as a postoperative option to help diagnose

a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. In this case, the injured worker is status post left knee arthroscopy in January 2014. However, the examination findings are not consistent with concern for residual or recurrent tear. There is insufficient objective clinical evidence of ligamentous laxity, other soft tissue dysfunction, internal derangement or other pathology warranting advanced imaging. The request for MRI Arthrogram left knee is not medically necessary and appropriate.